Mr. K. R. Elankath: May I ask whether the department has had the necessity of digging a pit more than once?

Vasthu Vidya Kusala C. Balakishna Rao: I do not quite understand what particular portion the honourable member refers to.

Honourable member Mr. Elankath also suggested that the alignment of sewers should better be along porambokes so that of water-mains, we take the principal mains generally along ridges where most of the roads tie whereas in the case of sewers we have to follow the valleys in laying our intercepting sewers so that these may collect the sewage brought by the main and branch sewers from the residential quarters on the slopes of the valley. In the valleys, we do not find many porambokes nor can we divert or twist the alignment in a crooked manner to pass through every small bit of poramboke that can be found anywhere in the valley. These sewers are to work by the mere force of gravity and not by pumping pressure. Therefore we have to adhere to suitable levels in aligning the sewers, and porambokes with such suitable levels are not always available along the alignment. That is the reason why we cannot always take the sewers along porambokes.

DEMAND X—MEDICAL.

Mr. James Simpson (*Darbar Physician*): Sir, I rise to move for a grant not exceeding Rs. 9,40,108 under Demand X—Medical.

Mr. N. Abdur Rahiman Sahib: In opposing the motion, I beg to bring to the notice of the authorities the following points.

Firtly, there is very great delay in the supply of medicines to the hospitals and dispensaries in the mofussil. Sir, it will be admitted on all hands that this is the most important need of the tax payer. If medicines are not supplied in time and are not made available to the patients when they really require them, the consequences will be disastrous. I would therefore request the Darbar Physician to bestow greater attention to this matter.

Secondly, I wish to emphasise the necessity for encouraging Muslim medical graduates by appointing them in the department. Till about a few years ago, we had not the good fortune of having even one medical graduate belonging to our community. Very recently, three or four young Muslims have got themselves qualified for the medical profession. I am sorry to say that even the first among them is still only an honorary assistant surgeon. He does not draw any pay. I would request the Government and the Darbar Physician to consider the claims of the few Muslim medical

LIBRARY ARCHIVES Kerala Legislative Assembly

graduates and the only L. M. P. and provide them in various important centres as early as possible. I am sorry to find that their applications even for entertainment as honorary surgeons are not given favourable consideration. I would again request the Government that these few Muslim medical graduates may be appointed in important centres like Quilon and Alleppey. That is highly necessary, considering the fact that the community is deplorably backward in point of education.

Mr. G. Narayana Aiyar: I oppose the Demand. I want to bring to the notice of the Darbar Physician the fact that sufficient facilities are not afforded to the people resorting to the hospitals and dispensaries in the mofussil, and in doing so I wish to make special reference to the hospital at Parur. The Administration Report of the department shows that 60,834 out-patients visit the Parur hospital every year. It stands fourth in the State in point of attendance of out-patients. The daily attendance comes to over 530. It is therefore very regretable that the hospital is not provided with sufficient facilities and hands. During the course of the interpellations yesterday, we heard the Darbar Physician himself admitting that there was no pay-ward or contagious disease ward in that hospital. Sir, this hospital is situated within a few yards from the District Court and the Munsiff's Court, and within a furlong from the High School. There are very responsible officers, drawing a salary of Rs. 300 and more, stationed at Parur. Further for this hospital which has a daily attendance of nearly 600 out-patients, there are only 2 compounders. Sir, how can two people attend to 600? The hospital lacks sufficient accommodation for the out-patients even to wait. Sir, the place is thickly populated. I should like to know where the contageous disease patients are accommodated and treated and whether the present state of affairs does not pave the way for the spread of contagion. The hospital is situated in the northernmost end of Travancore. Till recently, people from our part were able to get free access into the Ernakulam General Hospital in very important cases. Now, probably due to want of accommodation, we find it difficult to get admission there.

Sir, there is not even one women and children's hospital in North Travancore. Besides the hospital at Trivandrum, there is only one at Quilon. It is therefore highly necessary that an up to-date women and children's hospital is established in some important town in North Travancore, preferably at Parur.

There has been insistent demand for a dispensary at Puthenchira in the Parur taluk. Puthenchira is over 16 miles away from the Parur Hospital and therefore it is very difficult for the people there to take their patients to Parur. Puthenchira is itself a

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. G. Narayana Aiyar.]

thickly populated place and is detached from the rest of the taluk. There have been repeated representations on the matter ; but still nothing has been done so far. I request the Government to take urgent action in the matter.

The House rose for lunch at 1 P. M. and re-assembled at 2 P. M.

MEMBERS SWORN.

The following members took the oath and signed the rolls.

Mr. R. Dhanukoti Pillai, B. A. (Oxon), (*Conservator of Forests.*)

Mr. C. Kumara Das, M. A., B. SC., (*Director of Industries.*)

Mr. P. Paramesvaran Pillai, B. A., B. L., (*Ag. Registrar of Co-operative Societies.*)

DEMAND X—MEDICAL—(*contd.*)

Mr. K. R. Elenkath: Sir, I oppose this demand in order to bring to the notice of Government the difficulties experienced by the patient public in getting adequate relief from the Government hospitals, both in regard to the supply of medicines given and the conveniences and facilities afforded to them especially the in-patients. I will also refer to the difficulties owing to the inadequacy of the supply of medicines, drugs and other conveniences such as provisions for bed and dieting chiefly in the rural hospitals. Sir, the attraction of the public towards Government hospitals as contrasted with that towards aided and mission hospitals is that they get medicine free of cost and that they have a feeling that they will meet with persons who are entrusted with the responsibility of looking after their needs on being paid from the public funds. Now, Sir, when medicines which are very costly are required doctors give prescription and ask the patient to get such and such medicine from the nearest chemist or druggist. Sir, this is not only a hard case so far as the poor persons who seek medical aid are concerned but it gives room for misapprehension among the public that some of these doctors who prescribe such medicines and even suggest the shops of druggists may be getting a commission from these druggists. There may or may not be such cases. But it is the duty of Government to see that any cause for such misapprehension among the public is removed.

With regard to certain hospitals in rural areas, I know that some of the hospitals in my constituency, for example, the Parasala hospital, has been deteriorating in very recent times in the number of patients, in supply of medicines and in many other respects. Considering that the Parassala hospital has been intended to meet with and has been meeting steadily the requirements of a

LIBRARY ARCHIVES Kerala Legislative Assembly

very large number of people in and around the town and considering that there are no hospitals near by except the Neyyattinkara hospital it would be very hard if the people of Parassala, have to resort to the private hospitals in Marthandom or other places because of the inefficiency of the medical officer in charge, want of beds or owing to shortage of medicine or other causes. More so in view of the fact that in the neighbouring taluk of Vilavancode there is practically no hospital at all except a mission hospital. There is only one Government dispensary recently started at Pattanam. In view of this the Parassala hospital deserves all attention. At least the Darbar Physician ought to see that it progresses steadily. I find that one other reason for the deterioration of the work in that hospital is the frequent transfer of the medical officers. I know that Parassala hospital has been supplied with different men one after another belonging to different grades of service in recent times. Formerly the medical man in charge of the hospital was always either a deputy surgeon or an assistant surgeon. But now indiscriminately sub-assistant surgeons have been placed in charge of the hospital and this has also in a way helped the deterioration of the hospital. It may also be adopted by the Government as its policy to have one sub-assistant surgeon in all important hospitals under the charge of a Deputy or Assistant surgeon. In the case of the hospital to which I referred, *viz.*, Parassala there is only one surgeon now in the grade of a deputy surgeon but there is no one to help him. When he has to be absent by calls of legal necessities such as to give evidence in a court of law and on other urgent matters, probably the assistant surgeon of the Neyyattinkara hospital has to be sent there and not infrequently to be devoid of the services of any if other urgent duties call away the officer. But the officer sent out from the District Hospital will have to run back to Neyyattinkara the very evening and therefore will not be able to look after the duties of the officer at Parassala as desired except probably at the hours of duty at the hospital. With regard to the beds also, the Parassala hospital which has not been meeting with the demand till recently is fast ceasing to attract patients for want of conveniences and proper attention. It is not known whether it is because of the inefficiency of the work done by the Medical Officer there or on account of the inadequacy of the facilities and conveniences given by the Government.

Another thing which I wish to bring to the notice of Government is the shabby way in which the hospital buildings are kept without any repair or improvement in time. The best and most appropriate case to bring to the notice of the House is that of the Colachel dispensary. Sir, it is located, I should say, in a cow-shed. The building can only be compared to the worst cow-shed and it is

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. K. R. Elenkath.]

a pity that it is situated in the centre of a municipal town such as Colachel. As there are no Government hospitals either there or near by this one which is practically a dispensary should be located in an attractive building and invariably proper men should be appointed to be in charge of the same. It is a hospital having one or two beds, I do not think there is room for more than two beds in that shed. It should not only be improved but should be located in a new site. As far as the building itself is concerned, it will involve no loss to the Government if the whole building is demolished because it is not worth the name of a building and if a new building is put up it should be put up in a new place which is removed from the middle of the town. As it is, the present building is located in a central place which is a few cents in area. It will not come to more than 10 cents and on 3 sides it is bounded by roads having heavy and voluminous traffic. Now there are sites owned by the Government even very near to the present hospital. The Police Station at Colachel has been recently abolished and there is only an outpost there. Sir, it is a very decent compound and for the time being the dispensing work of the hospital may be done in the building which is now serving as the station master's office and only additional small buildings will have to be put up as wards for in-patients. I request the Government to take this matter seriously into their consideration.

One more thing that I want to point out to the Government is the inadequacy of the temporary provisions in cases of emergent needs in various localities. In dealing with this I would refer to the outbreak of malaria in the Neyyattinkara taluk and the inefficiency of the relief work done. Sir, it has a district hospital in the middle of the town and there are half a dozen temporary malarial dispensaries in the rural parts. The district medical officer is put in charge of all these and there are sub-assistant surgeons who have to work in one or two hospitals by turns. Even in the district hospitals where many of the people resort to, especially during the time of the malarial epidemic there are no adequate provisions in hospital to take them in as in-patients and the provision that is supplied to the hospital for the dieting purposes even in normal times does not meet the requirements of the number of ordinary in-patients. I mean that merely two-thirds of the number of in-patients will have to meet their dieting expenses from their own pockets and get treatment in the hospital. This, Sir, is the case in ordinary times. But in abnormal and extraordinary times, such as when epidemics break out, the Government ought to view very sympathetically the difficulties and sufferings of the rural population and provide adequate funds for looking after the needs of the poor patients in the hospitals. With these words I oppose the demand.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. Kallur Narayana Pillai: ഈ അഭ്യർത്ഥനയെ ഞാനും എതിർക്കുന്നു. അലോപ്പതിസംബന്ധമായ ചികിത്സകൊണ്ടു രോഗികൾക്ക് ഗുണം സിദ്ധിക്കുന്നതു് വളരെ കുറവായിട്ടു മാത്രമാണു്. ഇന്നത്തെ ഡിസ്പെൻസറികളും ആശുപത്രികളും പട്ടണങ്ങളിൽ മാത്രം സ്ഥാപിതമായിരിക്കുന്നതുകൊണ്ടു അവിടെയുള്ള ഡാക്ടറന്മാരെ നാലും അഞ്ചും ആറും നാഴിക ദൂരമുള്ള സ്ഥലങ്ങളിലേക്കു കൊണ്ടുപോയി ചികിത്സിപ്പിക്കുന്നതിനു് ഇപ്പോൾ സാധിക്കാതെയാണിരിക്കുന്നതു്. ഒരു ഡാക്ടരെ വിളിച്ചുകൊണ്ടുപോകുന്നതിനു ഒരുപയെങ്കിലും പടി കൊടുക്കണം. അതിൽ കുറവായി കൊടുക്കുന്നതു വലിയ പോരായ്മ എന്നതന്നെയാണു് ജനങ്ങൾ കരുതിപ്പോരുന്നതു്. ഈനിലയിലിരിക്കുന്നതിനാൽ ഇവരെ വീടുകളിൽ കൊണ്ടുപോകുന്ന കാര്യം മിക്കവാറും വിഷമമെന്നതന്നെ പറയാം. ഒരിക്കൽ ഒരു പ്രസവക്കേസ്സു് സംബന്ധിച്ചു് ഉണ്ടായ അനുഭവം എനിക്കറിയാനിടയായി. ഡാക്ടരെ വിളിച്ചുകൊണ്ടുപോയി. സ്ത്രീ മരിച്ചുപോകുമെന്ന ബോധ്യം വന്നപ്പോൾ ഇൻജക്ഷൻ ചെയ്യുന്നതിനു് ഒരു മരുന്നു കൊടുത്തയക്കാം എന്നുപറഞ്ഞിട്ടു ഡാക്ടർ വീട്ടിൽപോയി. രോഗിയുടെ ആളും ഡാക്ടരുടെ വീട്ടിൽചെന്നപ്പോൾ രോഗി മരിച്ചുപോകുമെന്നുള്ളതിനാൽ ഞാൻ വരേണ്ടയാവശ്യമില്ലെന്നാണു് അദ്ദേഹം പറഞ്ഞതു്. പണം കൊടുക്കാത്തതായിരിക്കണം അങ്ങിനെ പറയുന്നതിനു് കാരണം. പ്രസവക്കേസ്സു് ആയതുകൊണ്ടു് മുൻകൂട്ടി പണം കരുതിവക്കാൻ വീട്ടുകാർക്കു് സാധിക്കാത്തതു നിമിത്തമാണു പണം കൊടുക്കാൻ സാധിക്കാതെ വന്നതു്. ഗ്രാമപ്രദേശങ്ങളിൽതന്നെ പ്രത്യേകം ഡിസ്പെൻസറികളുണ്ടായിരുന്നാൽ ഈ വകആവശ്യങ്ങളും പെട്ടെന്നും സൌകര്യമായും നിർവഹിക്കുവാൻ സാധിക്കുമായിരുന്നു. ഇപ്പോൾ എൽ. എം. പി., എം. ബി. ബി. എസ്., മുതലായ പരീക്ഷകളും പാസായ ആളുകളും എല്ലാ സ്ഥലങ്ങളിലും ധാരാളമായി ഉണ്ടു്. ഗ്രാമപ്രദേശങ്ങളിൽ പ്രൈവറ്റു ഡിസ്പെൻസറികളും സ്ഥാപിച്ചു നടത്തുന്നതിനു് മുൻപറഞ്ഞ പരീക്ഷകളും പാസായവർക്കു് അനുവാദം കൊടുക്കുകയും അതിലേക്കു് ചെറിയ ഗ്രാന്റുകളും അനുവദിച്ചുകൊടുക്കുകയും ചെയ്താൽ അവർക്കു് അതു് ഒരു നല്ല ഉപജീവനമാർഗ്ഗവും ജനങ്ങൾക്കു് ഉപകാരപ്രദവുമായിത്തീരുന്നതാണു്. പരീക്ഷാവിജയികളായി ഉദ്യോഗവും ലഭിക്കാതെ നടക്കുന്ന ഈ കുട്ടർക്കു് അതൊരു വലിയ പ്രോത്സാഹനമായിത്തീരുന്നതാണു്. എന്നാൽ ഇങ്ങിനെ പ്രൈവറ്റു ഡിസ്പെൻസറികളും സ്ഥാപിച്ചു് അവർക്കു ഗ്രാന്റു് അനുവദിച്ചുകൊടുക്കുന്ന വിഷയത്തിൽ ഒരു കാര്യം പ്രത്യേകം സൂക്ഷിക്കേണ്ടതുണ്ടു്. ചികിത്സചെയ്യു

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. Kallur Narayana Pillai.]

പരിചയം സിദ്ധിക്കാത്തവർക്ക് ഗ്രാൻറുകൊടുക്കുന്ന കാര്യം പ്രത്യേകം ശ്രദ്ധിക്കേണ്ടതാണ്. ഫ ഫ ഫ ഫ ലെ അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ടിൽ കാണുന്നതു് പരീക്ഷാവിജയികളായ വൃപേർക്ക് തിരുവനന്തപുരം ജനറലാശുപത്രിയിൽ ടെയിൻചെയ്യുന്നതിന് അനുവാദം കൊടുത്തിരിക്കുന്നുവെന്നാണ്. ഇതുപോലെ എല്ലാ ഡിസ്പെൻസറികളിലും എൽ. എം. പി. മെയോ, എം. ബി. ബി എസ്സോ, പരീക്ഷകൾ പാസ്സായ ഒന്നോ രണ്ടോ ആളുകളെയെങ്കിലും പരിശീലനത്തിനായി അനുവദിക്കുന്നതു വളരെ സഹായമായിരിക്കുന്നതാണ്. ഇങ്ങിനെ ഓരോ ഡിസ്പെൻസറിയിലും പരിശീലനം നടത്തുന്നതിന് അനുവാദം വേണമെന്ന് പലരും അപേക്ഷിച്ചിട്ടുള്ളതായി എനിക്കറിയാം. അവിടെയുള്ള ഏതെങ്കിലും ഉദ്യോഗങ്ങൾ ഒഴിവു വരുമ്പോൾ ഇവർ അപേക്ഷകന്മാരായി വന്നേക്കുമോ എന്നൊരു സംശയം തോന്നുന്നുവെങ്കിൽ അങ്ങിനെയുള്ള യാതൊരവകാശങ്ങളും ഉദ്യോഗനിയമന വിഷയത്തിൽ സ്വീകരിക്കുന്നതല്ലെന്ന് വ്യവസ്ഥചെയ്തതിനുശേഷം ഇവർക്ക് അനുവാദം കൊടുത്താൽ മതിയാകും. പരീക്ഷാവിജയികളായ ഡാക്ടർമാരുടെ കൂടെയിരുന്നു പരിശീലനം നടത്തുന്നതിന് അവർക്ക് അനുവാദം മാത്രം കൊടുത്താൽ മതിയാകും.

ഇവിടത്തെ അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ട നോക്കിയാൽ അൻപതിനായിരം പേർ ഫ ഫ ഫ-ൽ ഡിസെൻട്രിരോഗികളായിത്തീർന്നിട്ടുണ്ടു എന്നു കാണുന്നുണ്ടു്. ഇവിടത്തെ ദാരിദ്ര്യമാണിതിനു കാരണം. മരച്ചീനിയും പച്ചവെള്ളവും കൊണ്ടുമാത്രമാണ് ഉൾനാടുകളിലെ സകല സാധുക്കളും ഉപജീവനം കഴിക്കുന്നതു്. തൻനിമിത്തമാണ് ഡിസെൻട്രി, കാളറാ മുതലായ രോഗങ്ങൾ പിടിപെട്ട് ഈ സാധുക്കൾ മരിക്കുന്നതു്. എന്റെ നിയോജകമണ്ഡലത്തിൽ മൂന്നു മാസത്തിനു മുൻപു് ഒരു സംഭവം ഉണ്ടായി. ഒരു തള്ളയും അഞ്ചു കുട്ടികളും ദാരിദ്ര്യം സഹിക്കവയ്യാതെ ഉതളങ്ങാ വെള്ളത്തിൽ അരച്ചുകലക്കി കുടിക്കുകയും തൻനിമിത്തം മരിക്കുകയും ചെയ്തു. ഉൾനാടുകളിലിറങ്ങി സഞ്ചരിക്കുമ്പോൾ കണ്ണുകുഴിഞ്ഞും വയറു തള്ളിയും, എല്ലുതള്ളിയും മറ്റുമുള്ള അനേകം ആളുകളെ കാണാം. അങ്ങിനെയുള്ളവരുടെ ആവശ്യത്തിനായി ഏതാനും കൂടി ഡിസ്പെൻസറികൾ ഗ്രാമങ്ങളിൽ തുറന്നുകൊടുക്കേണ്ട വിഷയത്തിൽ ഗവണ്മെൻറിന്റെ ശ്രദ്ധപതിയേണ്ടതാണ്. കൂടി ഡിസ്പെൻസറികൾ ധാരാളമായി ഈ നാട്ടിൽ സ്ഥാപിക്കുന്നതിനും ചുരുങ്ങിയതു് നൂറുരൂപയെങ്കിലും ഗ്രാൻറു കൊടുക്കുന്നതിനും വേണ്ട പദ്ധതികൾ ഉണ്ടാക്കേണ്ടതാണ്.

ചെങ്ങന്നൂർ ഡിസ്പെൻസറിയെപ്പറ്റിയാണ് ഇനി എനിക്കു പറയുവാനുള്ളതു്. ഈ ഡിസ്പെൻസറിയിൽ ൪൦൦ വരെ ഔട്ട്പേഷ്യ

LIBRARY ARCHIVES Kerala Legislative Assembly

ൻറ്സിനെ ഫ ഫ ഫ ഫ-ൽ ചികിത്സിച്ചിട്ടുള്ളതായി അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ടിൽ കാണുന്നുണ്ട്. ഡിസ്ട്രിക്റ്റ് ഹാസ്പിറ്റൽസിനെക്കാൾ വളരെ പ്രശസ്തമായ നിലയിലാണ് ഈ ഡിസ്പെൻസറിയിൽ ചികിത്സ നടത്തുന്നതെന്നു രോഗികളുടെ കണക്ക് ഒന്നു താരതമ്യപ്പെടുത്തിനോക്കിയാൽ കാണാം. ചങ്ങനാശ്ശേരി ഡിസ്ട്രിക്റ്റ് ഹാസ്പിറ്റലിൽ ഫ ഫ ഫ ഫ-ൽ ർ ൦ ,ൻ ൦ ന പേരെയാണ് ചികിത്സിച്ചിട്ടുള്ളത്. തിരുവല്ലാ ഡിസ്ട്രിക്റ്റ് ഹാസ്പിറ്റലിൽ ഫ ഫ ഫ ഫ-ൽ ചികിത്സിച്ചിട്ടുള്ളവരുടെ സംഖ്യ ന,ൻ,ൻ ൦ ആണ്. ഇങ്ങനെ ഡിസ്ട്രിക്റ്റ് ഹാസ്പിറ്റലിനോളംതന്നെ രോഗികളെ ചെങ്ങന്നൂർ ഡിസ്പെൻസറിയിൽ ചികിത്സിച്ചിട്ടുണ്ട്. അതുതന്നെ ഡിസെൻട്രി, കാളറാ തുടങ്ങിയ രോഗങ്ങൾക്കാണ്. അവിടത്തെ ഡിസ്പെൻസറി വളരെ പ്രശസ്തമായ രീതിയിൽ നടത്തിവരുന്നു എന്നും, അവിടെ ധാരാളം രോഗികൾ വന്നുചേരുന്നുണ്ടെന്നും ഡർബാർ ഫിസിഷ്യൻ മി. സിംപ്സൺതന്നെ അറിയാം. ഈ ആശുപത്രി ഇപ്പോൾ ൨ ൦ ശ്വാ വാടകക്കുള്ള ഒരു കെട്ടിടത്തിലാണ് ഇട്ടിരിക്കുന്നത്. അതിലേക്ക് ഒരു പെർമിനൻറ് കെട്ടിടം ഉണ്ടാക്കിക്കൊടുക്കണമെന്നും ഈ ഡിസ്പെൻസറിയെ ഒരു ഡിസ്ട്രിക്റ്റ് ഹാസ്പിറ്റലാക്കണമെന്നും അഭ്യർത്ഥിച്ചുകൊണ്ട് വിരമിച്ചുകൊള്ളുന്നു.

Mr. T. Mahomed Ismail : Sir, I oppose the Demand in order to bring to the notice of Government the desirability of establishing more women and children's hospitals throughout Travancore on the model of the Trivandrum Women and Children's hospital. Women form a community by themselves. In the rural parts of the State there are several cases of death in delivery cases. But these are not brought to the notice of the authorities. I know that it is not possible to start hospitals immediately throughout Travancore. But at least in important towns, where people live crowded together, it is only proper that facilities are given to our sisters who are not fortunate enough to stay in towns like Trivandrum. I must make one suggestion in this connection, namely, the desirability of appointing lady doctors in all the hospitals throughout Travancore. Lady doctors are available in plenty in our State now and so there will be no dearth of hands.

To me it appears that it will be best in the interests of our country if honorary house surgeons are appointed in all the hospitals. Government need not find the money for that because they are not paid by Government. They do their work hoping that they will get some job under Government and hoping to get money by private practice, and thus equip themselves for the higher duties of life for which the doctors are called.

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. T. Mahomed Ismail.]

In this connection, I hope I will not be misunderstood if I plead for the appointment of some doctors from my community. If any foreigner goes through our Civil List, he will be tempted to pass the opinion that no Muslim appears to live in Travancore. Let us not be put to such a predicament.

Mr. Nedumangad R. Kesavan Nair: Sir, I oppose the demand though for a different purpose. The object of my opposition is to impress upon the mind of the Darbar Physician the necessity for making more inspections. Government have already drawn the attention of the Darbar Physician in their order on the annual report of the department for 1111;

> "Government wish to impress upon the Darbar Physician the need for inspecting all the medical institutions at least once in a year."

We have got a total of 85 Government institutions and 21 grant-in-aid institutions. Of these the Darbar Physician has not visited 17 Government institutions. He has not visited 12 grant-in-aid institutions during 1111.

Mr. James Simpson: Will the member care to read the report of the Darbar Physician which says that he was on leave for three months during the year?

Mr. Nedumangad R. Kesavan Nair: I have read it and I am aware that the Darbar Physician was on leave from the 1st Edavam 1111 to the 32nd Karkadakam 1111. But all the same, the Darbar Physician was in charge for 275 days in 1111. During these 275 days only 81 inspections were made by him. In 1111 was he not doing duty for 275 days? I would invite the attention of the Darbar Physician to the exact number of inspections he has made. He has made only 81 inspections during the nine months of the year he was in Travancore. The Acting Darbar Physician was on inspection duty for only 8 days. Thus there was a total of 89 inspections in 1111. I believe it was on a perusal of the Darbar Physician's report that Government thought it fit to impress upon him the necessity for inspecting all the hospitals at least once in a year.

Another point that struck me when I went through the Administration Report of the Medical Department for 1111 was that a large number of patients were absconding from the hospitals. There were 76,415 in-patients who were in the hospitals in 1111. There is a column in the report stating that the number of inpatients that were absconding during 1111 amounted to 4910. I do not know what the Darbar Physician means by "absconding." I referred to Chamber's Dictionary and I find that "absconding" means "to hide or quit the country to escape a legal process." I fail to see what legal process doctors have. Does it mean that

LIBRARY ARCHIVES Kerala Legislative Assembly

these 4,910 patients were running away from the doctors out of Fear? I expect some explanation from the Darbar Physician regarding the absconding of these inpatients.

Thanks to the additional grant made by Government, the percentage of mortality has been reduced to one-half of what is was in 1110. Provision has been made for diet charges at Re. 1-6-13 per diem. I am liable to correction if the figure in the administration Report is not per diem. I wonder if that amount so mercifully allotted by Government is being actually spent for the patients. I would invite the attention of the Darbar Physician to page 22 of the Administration Report for 1111 relating to the manufcture of Tinctures. The report states :

> "It is very gratifying to find that the Tincture Factory has been able to maks its working expenses within less than that of the Government Medical Stores in Madras by about Rs. 5,000. The department would have spent Rs. 56,000 in round figures for Tinctures. The factory has thus been responsible to make a saving on account of the purchase of medicines for 1111. During the period Government were convinced about the financial soundness of the affairs of the Tincture factory and also about its usefulness. They were therefore pleased to sanction its continuance on a permanent basis from 1st Chingom 1111."

Now that the Tincture Factory has been sold to a private firm I would like to know how the Darbar Physician proposes to tackle that problem.

Another interesting feature that I see in the Report is about the management of the Lunatic Asylum in Trivandrum. During 1111, 204 persons were admitted. 155 persons continued to be lunatics in spite of the Doctors. 25 were cured and 19 died. Regarding 2 persons some evasive answer, about which I could not make head or tail, is given—"otherwise discharged". Could it be that these lunatics also had absconded? Or could it be that these two lunatics were dead or taken away by their relatives? If these lunatics had absconded, I should like to know what action has been taken in regard to them.

In regard to the observation of my learned friend Mr. Kallur Narayana Pillai, I have to make one submission. He wanted to draw the attention of the House to the increasing number of inpatients that are suffering from dysentery in Travancore. In 1111 making allowance for malaria, cholera and other unexpected diseases the greatest number of patients amounting 65,171 were suffering from dysentery. Mr. Kallur Narayana Pillai attributes the prevalence of this disease to poverty. I am sorry the Darbar Physician was not here when I was addressing the House on the Excise Department. I submitted then that the salt manufactured in the country

LIBRARY ARCHIVES Kerala Legislative Assembly

[Nedumangad Mr. R, Kesavan Nair.]

more or less partakes of the nature of epsom salt. Could it be that these patients increased because they consumed these ipsom salt? Could it be that the use of this salt was in any way responsible for the prevalence of dysentery? For that also I expect a reply from the Darbar Physician.

Mr. M. S. Anirudhan: Sir, I also oppose the Demand. I wish to say a few words in this connection about the Medical Department. It is long time since the inhabitants of Alleppey have been pressing for the establishment of a maternity hospital there. It is very unfortunate that no serious attention has been given to that request. Another point I wish to say is about the hopeless condition of the Alleppey hospital. There is no room for the accommodation of inpatients. Further, the rooms are not well maintained and well equipped. There is no cealing to the room which is used as the operation theatre. I also understand from the Doctor in charge of the hospital that it is not well equipped for carrying on surgical operations. There is only one payward which is also in a deplorable condition. It is high time the attention of the Government is drawn to this matter.

Next point I wish to refer to is about the inequality of appointments so far as the Ezhavas concerned. It is 12 years since a medical graduate has been recruited as an Assistant Surgeon from my community. Within 12 years there have been applications for appointment from well qualified men among the Ezhava community. It is very unfortunate that the department was not able to provide at least for one of them. I do not go further into the matter.

Mr. Kochikal P. Balakrishnan Tampi: I rise to support the motion. In doing so I may be permitted to express my appreciation of the work done by the Medical Department in collaboration with the Public Health department in suppressing the out-break of plague epidemic in Alleppey. Sir, as a resident of Alleppey I can appreciate the wonderful manner in which the department coped with the situation that threatened to affect, I believe, the whole State. Regarding communal representation I would not yield to the wishes of my honourable friend who said that communal representation should be the critarian in making appointments. I differ from that view. The Government should not agree to this principle in this department at least, because, it is a matteer of life and death. I do not mind if all the doctors are recruited from any one particular community, provided, they are well equipped for the place. In this department I suggest that the Government be pleased to recruit only these doctors who can impress the Government about their fitness. For example, at

LIBRARY ARCHIVES Kerala Legislative Assembly

least to flatter the vanity of certain groups it is possible to make appointments such as sub-Registrar, or Anchal master in departments other than the medical department. They are not going to threaten the life of the people. I do not for a moment suggest that the doctors for whom my honourable friends are holding a brief should not be recruited from various communities I would be glad if my collegues would press on the attention of Government the claims of persons on the score of their professional ability rather than by what is called communal claim.

Mr. T. Mahomed Ismail: It has been done on that basis only.

Mr. Kochikal P. Balakrishnan Tampi: It is a very re-assuring reply. I sigh with relief at that assurance. If through the eloquent appeal of my friends, this House accepts such a proposition, certainly, it would work greater havoc than could possibly be conceived of. I am at one with Mr. Anirudhan in thinking that the medical relief in the city of Alleppey requires attention. There has been a promise that a women's hospital will be opened. The House can see on a perusal of the report that the patients coming to the District hospital are comparatively small in number because of the distance of the hospital from the residential part of the town. It is shoued to a corner of the town. It may be good because it is in the beach. In order to help the people, the vast crowds that come from the different parts of Kuttanad to the town, I suggest, that a small dispensary be opened somewhere on the eastern part of the town, preferably near the Boat jetty at Mullakal or in an adjacent place to Mullakal.

I also wish to bring to the attention of the Darbar Physician the necessity for opening a hospital at Kayankolam. Although there is a dispensary which is very popular I think there are certain diseases in the nature of enterics. It is high time that the dispensary is converted into a hospital.

Mr. James Simpson: Sir, the chief matter which has been brought to the notice of Government is about the apparent inadequacy of medical relief throughout the State. We have been hearing that the Parur hospital is not a first class hospital, that the Parassala hospital is not a first class one, the Thuckalai hospital in South Travancore is not in the nature of a first class hospital, that the Colachel hospital is not run properly, that the Neyyattinkara hospital is not being run on proper lines etc. Now, Sir, if you look at the map of Travancore you will find that we have so called district hospitals spread from north Parur to Nagercoil. We have district dispensaries placed in the most advantageous parts of Tra

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. James Simpson.]

vancore. I admit that there are some few parts of Travancore where medical relief could be brought nearer to the people.

But considering the location of hospitals in general, in Travancore, I think—and the Government agree with me—that the department must formulate a scheme whereby medical relief could be centralised into districts. We have first class hospitals run in Trivandrum, Quilon, Alleppey, Kottayam and Mavelikara. The other so-called hospitals are in no way first grade hospitals and the Government cannot make them into first grade ones at present.

As Mr. Narayana Iyer pointed out, there is laxity of a first class hospital in North Travancore. So far I agree. Now, take that part of Travancore just outside Kottayam. There are hospitals at Changanacherry, Tiruvalla, and dispensary at Chengannoor with accommodation for inpatients, and Kozhenchery. In those places the hospitals are about 8 miles distant from each other. From Chengannoor one has to travel only 6 miles to be in reach of a hospital. Therefore, we have in that area of Travancore about 4 hospitals and two dispensaries. It is no doubt that area is a highly populated place. I ask why should we have so many hospitals for that part of Travancore? Is it not better to make one larger hospital and make accommodation for housing more number of inpatients? Is it not advantageous to have one bigger hospital rather than opening subsidiary hospitals in different places. We cannot afford to get first class men and materials to be distributed throughout Travancore. I should like the House to appreciate my point *viz.*, that instead of having a series of subsidiary hospitals to have a bigger hospital with increased accommodation for inpatients. I am perfectly in agreement with saying that the Northern Taluks should have a first grade hospital. If we are to have a first grade hospital for every taluk we have to consider the amount of expenditure that is involved in carrying out that proposition. I consider that it is an impossible proposition at the present moment.

In regard to the condition of the Parur Hospital I have to submit a word. At the moment the fact is that the hospital lies on the Cochin frontier. It is going to be 50 per cent Cochin patients. There are a large number of patients who take advantage of that hospital. I know that mostly it is Cochinites who are benefited by that hospital. There was some rumour that Cochin was not giving aid to Travancoreans. The rumour I am glad to say is false.

Speaking about South Travancore, in general terms, what I have to say is this: There is one district hospital at Thuckalai. It about 8 miles from Nagercoil where also there is a first class hos-

LIBRARY ARCHIVES Kerala Legislative Assembly

pital. Four miles west of Thuckalai there is a Mission hospital. In Nagercoil there is the Catherine Booth Hospital, Neyyoor run by the L. M. S. is considered to be one of the best hospitals in South India. So far about the location of hospitals in and around Nagercoil.

Mr. Elenkath pointed out that the Mission hospitals are not giving medicine free to the poor people even though they receive grants from Government. I can assure this House that poor people are always given free medical treatment. This is what is being done by the two Mission hospitals that exist in and around Nagercoil. It is a matter for consideration why the Government should keep a district hospital at Thuckalai when there is one at a distance of 4 miles from Thuckalai. A scheme for the redistribution of hospitals is being considered by the Department and before the House meets again something will be done in that direction. But in this connection we cannot run away with the idea that most parts of Travancore are definitely lacking in the matter of medical relief but some parts get the advantage of medical relief in an increasing measure. To equalise the system of relief the Government are contemplating a scheme for the distribution of medical relief in a very equitable manner.

Another major point that was adverted to deal with the women's hospital other than the ones in Trivandrum and Quilon. The question of having a hospital at Alleppey is engaging the attention of Government for some years. Nothing in the nature of preparing an estimate has been done. One or two sites have been chosen for the erection of a hospital. The Dewan visited the place last January in company with the Darbar Physician to decide a central place for the location of the hospital. No arrangement has been come to. It is the idea of the department to locate the hospital at Alleppey in a very central area. For a hospital, an area of something like 5 to 6 acres is necessary. The Municipality I understand has some land to be disposed of. They are prepared to give about 80 cents of land free. 4 acres and something have to be acquired at an approximate cost of Rs. 200 a cent. Therefore it is going to cost us about a lakh of rupees by way of land acquisition.

That matter is before Government. But we have to decide whether or not we should join up with the Special Women's and Children's ward there is at present at the District Hospital, Alleppey and enlarge them. Again we find that the present District Hospital, Alleppey, is far away from the centre of the town. To obviate that, I agree with Mr. Balakrishnan Tampi that a dispensary would be sufficient to be put up at the eastern extremity of Alleppey. But it would be better if the patients come to the beach for inpatient

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. James Simpson]

treatment. The Hospital at Alleppey is to be under the direct control of the Surgeon General and there will be special lady doctors attached to the Hospital. I think it should be a much more feasible plan.

There has been much criticism about the supply of medicine to the various institutions of the State.

President : The honourable member has six minutes more.

Mr. James Simpson : The medicines arrive generally about this time each year, about August. The whole staff is engaged in distributing these medicines to the various institutions. More than a lakh of rupees worth of medicines is received each year. Generally after four or five months indents have been distributed to various institutions. Then tenders are called for. We have to call tenders from European firms. It is generally done in the 8th or 9th month of the year. When tenders are received, we have again to consolidate and check them. Last year I asked almost all Medical Officers in the State to keep a portion of the medicine so that they may not be put to difficulties for want of medicine during the latter part of the year. But we got a greater number of indents for the supply of medicine during the middle of the year. That difficulty could have been avoided if the Medical Officers had used their common sense in the issue of the medicine. At this time of the year, for instance, extra indents come in. The staff of is engaged during this time of the year with annual indents and it is difficult to supply.

I want to say a word about the Tincture Factory run by the Department. That was run by the Department on a temporary basis up to the last year. Last year, Government decided to make it a permanent institution. Figures which are seen in the Tincture Factory Report will show that that factory has been doing good work. There is no doubt about it. The figures show that. But you can see from the budget that the Government are spending more than Rs. 2 lakhs on the purchase of European medicines. Government considered that a large share of the profits went to somewhere which Travancore was not participating. I do not want to speak about the Travancore Sugars or the Distillery at Nagercoil. We have entered into an agreement with Messrs Parry and Co., whereby we will buy all the medicines that they produce and they will purchase our chemicals and plant for the Tincture Factory. Government will take back the medicine produced there. We will pay cost price plus 15 per cent. In a few years we will certainly buy at a cheaper proportion than we are buying at present. We hope to make a large profit on this account in some years time.

I wish to say a few words about House Surgeons. Government have sanctioned 12 honourary surgeons. Two of the honourable

LIBRARY ARCHIVES Kerala Legislative Assembly

members said that the House Surgeons are confined only to Trivandrum. That is not so.

Mr. Nedumangad R. Kesavan Nair: Sir, I do not understand what Mr. James Simpson is saying. I would request the Chair to ask him to repeat his observations.

President: Mr. Kesavan Nair wants the Chair to repeat your observations with regard to House Surgeons.

Mr. James Simpson: It has been said in this House, I think by two members, that the House Surgeons are being localised in Trivandrum. That is not so. We have House Surgeons in General Hospital, Trivandrum, in the Women's and Children's Hospital, Trivandrum, in the District Hospital, Quilon, in Alleppey and in Kottayam. So the services of the House Surgeons are being utilised by the major hospitals in the State.

President: Your time is up.

Mr. Nedumangad R. Kesavan Nair: Sir, I would like the Durbar Physician to explain about the frightful number of patients who are absconding.

President: I will allow one more minute to explain that point.

Mr. James Simpson: If the member has seen the overcrowding in General Hospital he may realise that there is delay in operation and it frequently happens that the patients before operation goes off without their discharge.

The motion that a sum of Rs. 9,40,108 under Demand X—Medical—was put to vote and carried.

The grant was made.

President: On account of domestic inconvenience Dr. M. K. Gopala Pillai is unable to be present here. The demand for Public Health will be moved by the Chief Secretary.

DEMAND XI—PUBLIC HEALTH AND SANITATION.

Rao Bahadur Rajyasevanirata Dr. N. Kunjan Pillai: Sir, I move for a grant not exceeding Rs. 2,87,220 under Demand XI—Public Health and Sanitation.

Mr. G. Narayana Aiyar: Sir, I rise to oppose the demand. My main idea in doing so is to show that the total amount for the Demand is made up of the poor tax payers' money and as such that money should be utilised in the interests of the public in general including the rural parts. The benefits of the Department should not be confined to particular centres only. It should be distributed throughout the State.

In this connection, I have to draw the attention of the House and the Government to the difficulties that the people in Perumbavoor have to face. Perumpavoor is the capital of Kunnatnad Taluk. Perumpavoor town has a population of 4,000 people,

LIBRARY ARCHIVES Kerala Legislative Assembly